



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:		)	
SIMON MICHAEL ROWE ET AL.		:	Examiner: Lance W. Sealey
Appln. No.: 09/229,898		:	Group Art Unit: 2671
Appin	. 110 09/229,090	) :	
Filed: January 14, 1999		)	
For:	IMAGE PROCESSING	: )	
	APPARATUS	:	June 27, 2003

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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JUL 0 7 2003

**Technology Center 2600** 

## AMENDMENT AND PETITION FOR EXTENSION OF TIME

Sir:

Applicants petition to extend the time for response to the Office Action of February 27, 2003, to June 27, 2003. A check in the amount of \$110.00 in payment of the ex-tension fee is enclosed. Please charge any additional fee and credit any overpayment to our Deposit Account 06-1205.

United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 27 June 2003

(Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296) (Name of Attorney for Applicant)

27 June 2003 Date of Signature

I hereby certify that this correspondence is being deposited with the

07/03/2003 JBALINAN 00000049 09229898

01 FO:1251

110.00 OP

07/03/2003 JBALINAN 00000050 09229898

00 70:0201

84.00 GP



Z671/B

In re Application of:

Docket No. 01263.000700.

SIMON MICHAEL ROWE ET AL.

Application No.: 09/229,898

Examiner: Lance W. Sealey

Filed: January 14, 1999

Group Art Unit: 2671

For: IMAGE PROCESSING APPARATUS

Date: 27 June 2003

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

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JUL 0 7 2003

Sir:

Technology Center 2600

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 239	MINUS	** 248	= 0	x \$9 • \$18	\$0.00
INDEP. CLAIMS	* 62	MINUS	*** 61	= 0	x \$42 \$84	\$84.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$84.00	

<sup>\*</sup> If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

X	A check in the amount of \$84.00 is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of \$110.00 to cover the fee for a one-month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
•	Respectfully submitted,

Attorney for Applicants Leonard P. Diana Registration No. 29,296

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